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Bib Data Sheet

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 09/131,915 | FILING DATE 08/10/1998 RULE _ | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 3295-0025-0- |
| APPLICANTS BRUCE G. KANIA, MOUNT STERLING, OH ; ** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/688,954 07/31/1996 ABN ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/24/1998 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Paul Park</i> Examiner's Signature Initials | | STATE OR COUNTRY OH | SHEETS DRAWING 12 | TOTAL CLAIMS 21 |
| | | | | INDEPENDENT CLAIMS 7 |
| ADDRESS | | | | |
| 22850 | | | | |
| TITLE | | | | |
| GEL AND CUSHIONING DEVICES | | | | |
| FILING FEE RECEIVED 705 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

| | | | | |
|---|---|-------------------------|---|-------------------------------------|
| SERIAL NUMBER 09/131,915 | FILING DATE 08/10/98 | CLASS 428 | GROUP ART UNIT 1773 | ATTORNEY DOCKET NO. 3295-0025-0- |
| APPLICANT ROBERT E. ARBOGAST, MOUNT STERLING, OH; JAMES W. CAPPER, MOUNT STERLING, OH; JAMES M. COLVIN, MOUNT STERLING, OH; BRUCE G. KANIA, MOUNT STERLING, OH; JEFFREY L. DODDROE, MOUNT STERLING, OH. | | | | |
| **CONTINUING DOMESTIC DATA***** * VERIFIED THIS APPLN IS A CON OF 08/688,954 07/31/96 | | | | |
| **371 (NAT'L STAGE) DATA***** VERIFIED | | | | |
| **FOREIGN APPLICATIONS***** VERIFIED | | | | |
| FOREIGN FILING LICENSE GRANTED 08/24/98 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY OH | SHEETS DRAWING 12 | TOTAL CLAIMS 21 |
| Examiner's Initials _____ Initials _____ | | INDEPENDENT CLAIMS 7 | | |
| ADDRESS OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT 1755 JEFFERSON DAVIS HIGHWAY FOURTH FLOOR ARLINGTON VA 22202 | | | | |
| TITLE GEL AND CUSHIONING DEVICES | | | | |
| FILING FEE RECEIVED \$1,140 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |